

**Fill in this information to identify the case:**

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) **21-01643**

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 12, 2022**

**X /s/ Mark A. Hidlebaugh**

Signature of individual signing on behalf of debtor

**Mark A. Hidlebaugh**

Printed name

**Authorized, POA**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **QHC Facilities, LLC**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**  
 Case number (if known): **21-01643**

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## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Lincoln Savings Bank Ankeny Office Attn: Adam Boeding 1375 SW State St. Ankeny, IA 50023		All assets of the company.		\$300,000.00	\$0.00	\$300,000.00
IPFS CORPORATION 24722 NETWORK PLACE CHICAGO, IL 60673-1247	MOK957889  866-412-2561					\$73,168.23
QBE INSURANCE CORP PO BOX 5438 NEW YORK, NY 10087-5438	800-609-0401					\$28,871.16
AUREON TECHNOLOGIY WYNFIELD BUILDING 7760 Office Plaza Dr. S WEST DES MOINES, IA 50266	JOn Hedgecock  jon.hedgecock@aureon.com 833-287-3661					\$17,058.52
BCG RESEARCH 2600 72ND STREET URBANDALE, IA 50322	888-746-6533					\$8,354.28
WELLMARK BC AND BS OF IOWA PO BOX 14456 DES MOINES, IA 50306						\$7,593.63

Debtor **QHC Facilities, LLC**  
Name

Case number (if known) **21-01643**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
WEST BEND MUTUAL INSURANCE COMPANY BIN 432 MILWAUKEE, WI 53288-0432	800-236-5002					\$7,555.00
Assured Partners Insurance 4200 University Ave West Des Moines, IA 50266	515-244-0166					\$6,809.00
THE CE SOLUTIONS GROUP PO BOX 2817 WATERLOO, IA 50704-2817						\$5,885.00
VALLEY WEST UNIFORMS 4100 UNIVERSITY AVE, SUITE 230 WEST DES MOINES, IA 50266	515-223-9273					\$5,234.98
ABILITY NETWORK INC. PO BOX 856015 MINNEAPOLIS, MN 55485-6015	612-460-4311					\$3,644.67
QUADIENT FINANCE USA INC PO BOX 6813 CAROL STREAM, IL 60197-6813	866-228-8571					\$2,371.65
GUARDIAN PO BOX 677458 DALLAS, TX 75267-7458						\$1,240.94
PARADIGM BENEFITS 300 E BREMER AVE. WAVERLY, IA 50677						\$1,000.00
WEBSPEC DESIGN 5907 MEREDITH DRIVE URBANDALE, IA 50322	515-334-9544					\$360.00
POINTCLICKCARE TECHNOLOGIES INC. PO BOX 674802 DETROIT, MI 48267-4802	Diana MacNeil diana.macneil@pointclickcare.com 905-858-8885 x1331					\$332.25

Debtor **QHC Facilities, LLC**  
Name

Case number (if known) **21-01643**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AFLAC ATTENTION: REMIT PROCESS SERV. 1932 Wynnton Rd. COLUMBUS, GA 31993-0797	800-992-3522					\$191.52
Interstate All Battery Center 220 Airport Rd. Ames, IA 50010		batteries				\$158.90
LAMAIR MULLOCK CONDON CO. 4200 UNIVERSITY AVENUE, SUITE 200 WEST DES MOINES, IA 50266-5945	515-244-0166					\$101.00
Estate of Gladys Mae VanSickle c/o John T. Hemminger, Esq. 2454 SW 9th St. Des Moines, IA 50315		Compensation for damages stemming from lawsuit filed in Polk County Case No. LACL151446	Disputed			\$0.00

Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01643**

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **1,009,701.31**

1c. **Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **1,009,701.31**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **17,601,196.01**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **169,930.73**

4. **Total liabilities** ..... \$ **17,771,126.74**  
Lines 2 + 3a + 3b

**Fill in this information to identify the case:**Debtor name **QHC Facilities, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**Case number (if known) **21-01643**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Lincoln Savings Bank - General Operating Account****Checking****5741****\$133,262.51**3.2. **Access Bank****Operating checking account****2300****\$874,346.33**3.3. **Access Bank****Payroll Checking****2400****\$0.00**3.4. **Lincoln Savings Bank****Checking - Zero Balance Account****6955****\$0.84**3.5. **Access Bank****Money Market****2259****\$2,091.63****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,009,701.31****Part 2: Deposits and Prepayments**

Debtor **QHC Facilities, LLC**  
Name

Case number (If known) **21-01643**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

Part 4: **Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

Part 7: **Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture office furniture	Unknown		Unknown
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment, computers and software	Unknown		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

**\$0.00**

Debtor **QHC Facilities, LLC**

Name

Case number (If known) **21-01643**

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **QHC Facilities, LLC**  
Name

Case number (If known) **21-01643**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$1,009,701.31</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,009,701.31</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,009,701.31</b>



Debtor **QHC Facilities, LLC**  
Name

Case number (if known) **21-01643**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☒ Unliquidated  
☐ Disputed

**2.3 Lincoln Savings Bank**

Creditor's Name

**Ankeny Office  
Attn: Adam Boeding  
1375 SW State St.  
Ankeny, IA 50023**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number  
4941**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**All assets of the company.**

**\$300,000.00**

**\$9,200,000.00**

**Describe the lien**

**Blanket Lien & mortgage**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes  
**Is anyone else liable on this claim?**  
☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.4 Lincoln Savings Bank**

Creditor's Name

**Ankeny Office  
Attn: Adam Boeding  
1375 SW State St.  
Ankeny, IA 50023**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number  
6892**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**All assets of the company.**

**\$300,000.00**

**\$0.00**

**Describe the lien**

**Blanket Lien & Mortgage**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes  
**Is anyone else liable on this claim?**  
☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$17,601,196.01**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies,

Debtor **QHC Facilities, LLC** Case number (if known) **21-01643**  
Name

assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Jeff W. Courter, Esq.**  
**Nyemaster Goode PC**  
**700 Walnut St. Suite 1600**  
**Des Moines, IA 50309**

Line **2.3**

**Roy Leaf, Esq.**  
**Nyemaster Goode PC**  
**625 First St. SE, Suite 400**  
**Cedar Rapids, IA 52401-2030**

Line **2.3**

Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01643**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Notice Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Iowa Department of Revenue</b> <b>Hooover State Office Building</b> <b>PO Box 10471</b> <b>Des Moines, IA 50306-0471</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Notice Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor	<b>QHC Facilities, LLC</b> Name	Case number (if known)	<b>21-01643</b>
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2.3	Priority creditor's name and mailing address <b>Iowa Workforce Development Unemployment Insurance Tax Bureau 1000 East Grand Ave. Des Moines, IA 50319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>Notice Purposes Only</b>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ABILITY NETWORK INC. PO BOX 856015 MINNEAPOLIS, MN 55485-6015</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,644.67</b>
3.2	Nonpriority creditor's name and mailing address <b>AFLAC ATTENTION: REMIT PROCESS SERV. 1932 Wynnton Rd. COLUMBUS, GA 31993-0797</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$191.52</b>
3.3	Nonpriority creditor's name and mailing address <b>Assured Partners Insurance 4200 University Ave West Des Moines, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,809.00</b>
3.4	Nonpriority creditor's name and mailing address <b>AUREON TECHNOLOGIY WYNFIELD BUILDING 7760 Office Plaza Dr. S WEST DES MOINES, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,058.52</b>
3.5	Nonpriority creditor's name and mailing address <b>BCG RESEARCH 2600 72ND STREET URBANDALE, IA 50322</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,354.28</b>

Debtor	<b>QHC Facilities, LLC</b> <small>Name</small>	Case number (if known)	<b>21-01643</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Estate of Gladys Mae VanSickle</b> <b>c/o John T. Hemminger, Esq.</b> <b>2454 SW 9th St.</b> <b>Des Moines, IA 50315</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Compensation for damages stemming from lawsuit filed in Polk County Case No. LACL151446</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<hr/>			
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>GUARDIAN</b> <b>PO BOX 677458</b> <b>DALLAS, TX 75267-7458</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,240.94</b>
<hr/>			
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate All Battery Center</b> <b>220 Airport Rd.</b> <b>Ames, IA 50010</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0314</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>batteries</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158.90</b>
<hr/>			
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>IPFS CORPORATION</b> <b>24722 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1247</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,168.23</b>
<hr/>			
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>LAMAIR MULOCK CONDON CO.</b> <b>4200 UNIVERSITY AVENUE, SUITE 200</b> <b>WEST DES MOINES, IA 50266-5945</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101.00</b>
<hr/>			
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Millenium Rehab &amp; Consulting Group, Inc.</b> <b>c/o Rebecca A. Brommel, Esq.</b> <b>Dorsey &amp; Whitney</b> <b>801 Grand Ave Suite 4100</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<hr/>			
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>PARADIGM BENEFITS</b> <b>300 E BREMER AVE.</b> <b>WAVERLY, IA 50677</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>

Debtor <b>QHC Facilities, LLC</b>		Case number (if known) <b>21-01643</b>
Name		
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>POINTCLICKCARE TECHNOLOGIES INC.</b> <b>PO BOX 674802</b> <b>DETROIT, MI 48267-4802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$332.25</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>QBE INSURANCE CORP</b> <b>PO BOX 5438</b> <b>NEW YORK, NY 10087-5438</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$28,871.16</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>QUADIENT FINANCE USA INC</b> <b>PO BOX 6813</b> <b>CAROL STREAM, IL 60197-6813</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,371.65</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>THE CE SOLUTIONS GROUP</b> <b>PO BOX 2817</b> <b>WATERLOO, IA 50704-2817</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,885.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>VALLEY WEST UNIFORMS</b> <b>4100 UNIVERSITY AVE, SUITE 230</b> <b>WEST DES MOINES, IA 50266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,234.98</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>WEBSPEC DESIGN</b> <b>5907 MEREDITH DRIVE</b> <b>URBANDALE, IA 50322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$360.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>WELLMARK BC AND BS OF IOWA</b> <b>PO BOX 14456</b> <b>DES MOINES, IA 50306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$7,593.63</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>QHC Facilities, LLC</b> <small>Name</small>	Case number (if known)	<b>21-01643</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>WEST BEND MUTUAL INSURANCE COMPANY</b> <b>BIN 432</b> <b>MILWAUKEE, WI 53288-0432</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,555.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Jeffrey A. Pitman, Esq.</b> <b>1110 N. Old World 3rd St. Suite 320</b> <b>Milwaukee, WI 53203</b>	Line <b>3.6</b>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <b>0.00</b>
5b. Total claims from Part 2	5b. + \$ <b>169,930.73</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <b>169,930.73</b>

Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01643**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

*Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease/Finance Agreement  
#5922PAK-MXM5071 45  
000 BW for Q Copiers**

**Banleaco Equipment Finance  
c/o American Lease Insurance  
654 Amherst Rd. Suite 323  
Sunderland, MA 01375**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease of office space located at 8350 Hickman Rd., Suite 15, Clive, IA 50325. Lease termination date is September 30, 2023.**

**Schoenauer Property Management  
8350 Hickman Rd. Suite 201  
Clive, IA 50325**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Subscription Service Agreement for a website designed to maintain patient/client records**

**Wescom Solution, Inc.  
dba Pointclickcare.com  
6975 Creditview Rd. Unit 4  
Mississauga, Ontario L5N 8E9  
CANADA**

**Fill in this information to identify the case:**

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) **21-01643**

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Crestridge, Inc.	1015 Wesley Dr. Maquoketa, IA 52060	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Crestridge, Inc.	1015 Wesley Dr. Maquoketa, IA 52060	Lincoln Savings Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Crestridge, Inc.	1015 Wesley Dr. Maquoketa, IA 52060	Lincoln Savings Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Crestview Acres, Inc.	1485 Grand Ave Marion, IA 52302	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Jerry W. Voyna Revocable Trust	8350 Hickman Rd. Suite 15 Clive, IA 50325	Lincoln Savings Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **QHC Facilities, LLC**

Case number (if known) **21-01643**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Jerry W. Voyna Revocable Trust</b>	<b>8350 Hickman Rd. Suite 15 Clive, IA 50325</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	<b>Nancy A. Voyna</b>	<b>8350 Hickman Rd. Suite 15 Des Moines, IA</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	<b>Nancy A. Voyna</b>	<b>8350 Hickman Rd. Suite 15 Des Moines, IA</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	<b>Nancy A. Voyna</b>	<b>8350 Hickman Rd. Suite 15 Des Moines, IA</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	<b>Nancy A. Voyna Revocable Trust</b>	<b>8350 Hickman Rd. Suite 15 Clive, IA 50325</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	<b>Nancy A. Voyna Revocable Trust</b>	<b>8350 Hickman Rd. Suite 15 Clive, IA 50325</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	<b>QHC Fort Dodge Villa, LLC</b>	<b>2721 10th Ave North Fort Dodge, IA 50501</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	<b>QHC Humboldt North, LLC</b>	<b>1111 11th Ave North Humboldt, IA 50548</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **QHC Facilities, LLC**

Case number (if known) **21-01643**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>QHC Humboldt North, LLC</b>	<b>1111 11th Ave North Humboldt, IA 50548</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	<b>QHC Humboldt North, LLC</b>	<b>1111 11th Ave North Humboldt, IA 50548</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	<b>QHC Humboldt South, LLC</b>	<b>800 13th St. South Humboldt, IA 50548</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	<b>QHC Humboldt South, LLC</b>	<b>800 13th St. South Humboldt, IA 50548</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	<b>QHC Humboldt South, LLC</b>	<b>800 13th St. South Humboldt, IA 50548</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	<b>QHC Madison Square, LLC</b>	<b>209 W. Jefferson St. Winterset, IA 50273</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	<b>QHC Madison Square, LLC</b>	<b>209 W. Jefferson St. Winterset, IA 50273</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	<b>QHC Madison Square, LLC</b>	<b>209 W. Jefferson St. Winterset, IA 50273</b>	<b>Lincoln Savings Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **QHC Facilities, LLC**

Case number (if known) **21-01643**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	<b>QHC Management, LLC</b>	<b>8350 Hickman Rd. Suite 15 Clive, IA 50325</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	<b>QHC Mitchellville, LLC</b>	<b>114 Carter St. SW Mitchellville, IA 50169</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	<b>QHC Villa Cottages, LLC</b>	<b>925 Martin Luther King Dr. Fort Dodge, IA 50501</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	<b>QHC Winterset North, LLC</b>	<b>411 East Lane St. Winterset, IA 50273</b>	<b>Kenneth A. Webb Family Trust</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name QHC Facilities, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) 21-01643

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2021 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

Unknown

**For prior year:**  
From 1/01/2020 to 12/31/2020

☒ Operating a business  
☐ Other \_\_\_\_\_

\$539,566.00

**For year before that:**  
From 1/01/2019 to 12/31/2019

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,230,858.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **QHC Facilities, LLC**Case number (if known) **21-01643**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>ABILITY NETWORK INC. PO BOX 856015 MINNEAPOLIS, MN 55485-6015</b>	<b>10/1/21-12/13 /21</b>	<b>\$10,873.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. <b>Assured Partners Insurance 4200 University Ave West Des Moines, IA 50266</b>	<b>12/21/21</b>	<b>\$12,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>insurance</b></u>
3.3. <b>BCG RESEARCH 2600 72ND STREET URBANDALE, IA 50322</b>	<b>11/18/21-12/2 4/21</b>	<b>\$30,506.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.4. <b>Access Bank Credit Card</b>	<b>10/13/21-12/2 3/21</b>	<b>\$46,904.85</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>credit card</b></u>
3.5. <b>IPFS CORPORATION 24722 NETWORK PLACE CHICAGO, IL 60673-1247</b>	<b>10/5/21-12/22 /21</b>	<b>\$226,821.51</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.6. <b>McGowan, Hurst, Clark &amp; Smith PC 1601 W. Lakes Pkwy #300 West Des Moines, IA 50266</b>	<b>12/13/24-12/2 4/21</b>	<b>\$7,300.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>accounting services</b></u>
3.7. <b>QBE INSURANCE CORP PO BOX 5438 NEW YORK, NY 10087-5438</b>	<b>10/12/21-12/1 7/21</b>	<b>\$122,694.35</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>insurance</b></u>
3.8. <b>WELLMARK BC AND BS OF IOWA PO BOX 14456 DES MOINES, IA 50306</b>	<b>10/15/21-12/2 0/21</b>	<b>\$22,026.91</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Health Insurance</b></u>

Debtor **QHC Facilities, LLC**Case number (if known) **21-01643**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. <b>WEST BEND MUTUAL INSURANCE COMPANY BIN 432 MILWAUKEE, WI 53288-0432</b>	<b>10/29/21-12/2/21</b>	<b>\$15,110.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Insurance</b>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Millenium Rehab and Consulting v. QHC Facilities LLC et al LACL151779</b>	<b>Contract/Debt Collection</b>	<b>Polk County Clerk of Court RE: LACL151779 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <b>Van Sickle et al v. QHC Winterset North LLC et al LACL151446</b>	<b>negligence</b>	<b>Polk County Clerk of Court RE: LACL151446 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a

Debtor **QHC Facilities, LLC**Case number (if known) **21-01643**

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Bradshaw, Fowler, Proctor & Fairgrave PC 801 Grand Ave Suite 3711 Des Moines, IA 50309		12/24/2021	\$77,500.00
Email or website address www.bradshawlaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **QHC Facilities, LLC**

Case number (if known) **21-01643**

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**HIPPA-regulated personally identifiable information for employees,  
patients and residents**

Does the debtor have a privacy policy about that information?

- ☐ No  
☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

- ☐ No Go to Part 10.  
☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan EIN:
<b>QHC Facilities, LLC 401(k) Plan</b>	<b>26-2923180</b>

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold,

Debtor **QHC Facilities, LLC**Case number (if known) **21-01643**

moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No.☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No.☐ Yes. Provide details below.

Debtor **QHC Facilities, LLC**Case number (if known) **21-01643**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To

26a.1. **McGowan, Hurst, Clark, & Smith PC**  
**c/o Dan Schwarz, CPA**  
**1601 West Lakes Pkwy, Suite 300**  
**West Des Moines, IA 50266**

**2020 to the present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **McGowan, Hurst, Clark, & Smith PC**  
**c/o Dan Schwarz, CPA**  
**1601 West Lakes Pkwy, Suite 300**  
**West Des Moines, IA 50266**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. **Lincoln Savings Bank**  
**Ankeny Office**  
**1375 SW State St.**  
**Ankeny, IA 50023**

**27. Inventories**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 7

Debtor **QHC Facilities, LLC**Case number (if known) **21-01643**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Nancy Voyna	8350 Hickman Rd. Suite 15 Des Moines, IA	Owner, managing member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
- ☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jerry W. Voyna (Deceased)	8350 Hickman Rd. Suite 15 Clive, IA 50325	Managing Member now Deceased	June 2008 to June 10, 2021 (Date of Death)

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
- ☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor **QHC Facilities, LLC**

Case number (if known) **21-01643**

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 12, 2022**

**/s/ Mark A. Hidlebaugh**

Signature of individual signing on behalf of the debtor

**Mark A. Hidlebaugh**

Printed name

Position or relationship to debtor **Authorized, POA**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

**United States Bankruptcy Court  
Southern District of Iowa**

In re **QHC Facilities, LLC**

Debtor(s)

Case No. **21-01643**

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Nancy A. Voina</b> <b>8350 Hickman Rd. Suite 15</b> <b>Clive, IA 50325</b>		<b>100</b>	<b>Managing Member</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Authorized, POA** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 12, 2022**

Signature **/s/ Mark A. Hidlebaugh**  
**Mark A. Hidlebaugh**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*